



**JAMES E. RISCH**  
Governor  
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# State of Idaho

Department of Administration  
Division of Insurance and Internal Support  
Office of Group Insurance

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<http://www2.state.id.us.adm>

## STATE OF IDAHO COBRA Monthly Premium Rates Effective 7/1/2006 through 6/30/2007

### MEDICAL COVERAGE\* (You may only choose a continuation of the plan in effect on the date your active employee coverage ends)

Subscriber	
Subscriber and Spouse, <b>with Dependent Vision</b>	
Subscriber and Spouse, without Dependent Vision	
Subscriber and One Child, <b>with Dependent Vision</b>	
Subscriber and One Child, without Dependent Vision	
Subscriber and Two or More Children, <b>with Dependent Vision</b>	
Subscriber and Two or More Children, without Dependent Vision	
Subscriber, Spouse and Child, <b>with Dependent Vision</b>	
Subscriber, Spouse and Child, without Dependent Vision	
Subscriber, Spouse and Children, <b>with Dependent Vision</b>	
Subscriber, Spouse and Children, without Dependent Vision	

### BLUE CROSS OF IDAHO

#### PPO

\$ 345.00
\$ 681.00
\$ 679.00
\$ 481.00
\$ 479.00
\$ 681.00
\$ 679.00
\$ 818.00
\$ 812.00
\$1,018.00
\$1,012.00

### BLUE CROSS OF IDAHO

#### Traditional

\$ 365.00
\$ 719.00
\$ 717.00
\$ 508.00
\$ 506.00
\$ 719.00
\$ 717.00
\$ 863.00
\$ 858.00
\$1,075.00
\$1,070.00

### DENTAL COVERAGE\*

Subscriber	
Subscriber and Spouse	
Subscriber and One Child	
Subscriber and Two or More Children	
Subscriber, Spouse and Child	
Subscriber, Spouse and Children	

### DELTA DENTAL

\$23.00
\$45.00
\$32.00
\$45.00
\$54.00
\$68.00

### PAYMENT OF PREMIUM

You will be billed by your insurance carrier for the monthly premiums.

\*Note: If you are eligible for the 29 month continuation of coverage you will be charged 150% of group rates for months 19 through 29 and will be advised of such rates by your insurance carrier.

*Serving Idaho citizens through effective services to their governmental agencies.*